

Voluntary Leave Transfer Program (VLTP) Application

Leave Share Recipient: Complete application and submit to your supervisor for approval.

Supervisor: Review and, if approved, submit this application to the Leave Share Coordinator in the Human Resources Division, MP-500.

HR Points of Contact

Leave Share Coordinators
916-978-5479
916-978-5478

Program Official
(Confidential Matters Only)
916-978-5493

- [OPM-630](#)
Application to Become a Leave Recipient Under the Voluntary Leave Transfer Program
- [WH-380-E](#)
Certification of Health Care Provider Employee's Serious Health Condition (Family and Medical Leave Act)
- [WH-380-F](#)
Certification of Health Care Provider for Family Member's Serious Health Condition (Family and Medical Leave Act)

- [OPM-630A](#)
Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program (Within Agency)
- [OPM-630B](#)
Request to Donate Annual Leave to Leave Recipient Under the Voluntary Leave Transfer Program (Outside Agency)